

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Sila

District of _____

Town of Hayden

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 137

County Registrar No. _____

Local Registrar No. 262. Full name of child Mary Pauline Chappel No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Mar 8, 1925
Month Day Year8. FATHER Full name Hunter Martin Chappel 14. MOTHER Full maiden name Mary Ann Loelle9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.10. Color or race White 11. Age at last birthday 37 (Years) 16. Color or race White 17. Age at last birthday 25 (Years)12. Birthplace (city or place) St. Louis 18. Birthplace (city or place) Polosie Missouri
(State or country)13. Occupation Store Keeper 19. Occupation House wife
Nature of industry20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated
(Born alive or stillborn.)* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Charles Shust (Physician or midwife.)
Address Hayden ArizGiven name added from a supplemental report _____ Filed Mar 10, 1925 5707 Nish
Month, day, year Local Registrar.

Filed _____, 19 _____ County Registrar.

Registrar

433 - 308 - 435